Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 09/806992

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5							55							
6		1					56							
7	1						57							
8							58							
9		1					59							
10		1					60							
11							61							
12		1					62							
13	1						63							
14		1					64							
15		1					65							
16		1					66							
17							67							
18		1					68							
19		1					69							
20		1					70							
21		1					71							
22	1						72							
23	1						73							
24	1						74							
25	1						75							
26	1						76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	9						TOTAL IND.							
TOTAL DEP.	17						TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS R AMENDMENTS   U.S. DEPARTMENT of COMMERCE